

Town of Bar Harbor Vacation Rental License Application

Tax Map: _____ Lot: _____

SECTION I

Name of Property Owner(s): _____

Mailing Address: _____

Telephone Number(s) of Owners: _____

Physical Address of Rental Property: _____

Telephone Number of Rental Property: _____

Property Manager Name and contact information: _____

Unit Name _____

Property Owner Signature _____ Date _____

~ Applicant to Complete Section I Only ~ **For Office Use Only**

Choose one:

SECTION II

- ☐ is an allowed use,
☐ is not an allowed use;

In the _____ district.

SECTION III

- ☐ This dwelling unit requires a Life Safety Inspection by the Fire Department and the unit passed the required inspection on _____.

SECTION IV

Land Use Zoning District of Property: _____

Date Payment Received: _____

Registration Card Number Issued: _____

SECTION VI

Based on the above findings, I approve / deny the request for a vacation rental on the above noted property. An inspection of the dwelling unit was conducted on _____ and found to comply with the requirements as outlined in 190-4 C. of the Bar Harbor Town Code.

Code Enforcement Officer

Date